Approved for use through 1/31/7006, OMB 0651-0037

U.S. Petent and Tradement Office: U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a visid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docker Humbe Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1). (Column 2). SMALL ENTITY OR SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE (\$ FEE (1) BASIC FEE RATE (\$) FEE (1) NVA 191 CFR 1 18(0) 101 a (c)1 N/A NVA 150.00 N/A 300,00 SEARCH FEE NVA 137 CFR 1 16(NJ. 14. or (m)) NIA NVA \$250 N/A \$600 **EXAMINATION** FEE NA (A7 CFR) 16(0). (0). or (0)) N/A N/A \$100 NVA \$200 TOTAL CLAMAS ٠. 07-CFR 146(1) X\$ 25 minus 20 = X\$50 ÓR MOEPENDENT CLAIMS (A) CFR 1 16(N) X100 C sunim X200 If the specification and drawings exceed 100 **APPLICATION SIZE** sheets of paper, the application size fee due FEE . Q7 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (DT CFR 1 16(1)) +180= **+360*** If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 1) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-RATE (\$) AFTER EXTRA ADDI-PREVIOUSLY TIONAL AMENDMENT PAID FOR TIONAL FEE (1) Total CHAIL FEE (1) Minus X\$ 25 X\$50 OR Minus X100 X200 OR Application Size Fee (37 CFR 1.16(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= (37 CFR 1.160) +360= OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 REMAINING Ø PRESENT NUMBER RATE (1) ADDI-RATE (\$) ADDI-AFTER. PREVIOUSLY **EXTRA** TIONAL FEE (\$) TIONAL AMENDMENT PAID FOR FEE-(\$) Total Con Links Minus X\$ 25 X\$50 OR Andependent 437 CFR 4.14(h)) Minus • X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL' TOTAL OR ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write V in column 3, M the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3. The Highest Number Previously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the conscion of information is required by 37 CFH 1.16. The suprmation is required to obtain or retain a benefit by the public which is to file (and by the TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, ding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments a smooth of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Indoms. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.